

Physical Exam

VITAL SIGNS: T _____ BP _____ P _____ RR _____ Pulse ox _____ %

ht. _____ wt. _____ BMI _____ Pain _____ I _____ O _____

GENERAL: _____

Pt. SITTING:

UE MS exam: wrists _____ elbows _____ shoulders _____ neck _____

SKIN: _____ cap refill _____ clubbing _____ cyanosis _____ edema _____

HEAD:NC/AT _____

face _____ CN V _____ VII _____

EYES:conjunctiva _____ EOMI _____

VFI _____ PERRLA _____

ophthalmoscopic _____

EARS: TMs _____ hearing _____

NOSE: _____

THROAT: _____ palatal elev _____ gag reflex _____

NECK: _____ LNs _____

Carotid pulses _____ bruits _____

Thyroid _____

LUNGS: inspect _____

auscultate _____

percuss (w/ diaph excursion) _____

CVA tenderness _____

Pt. LYING DOWN:

CV: rate tachy nl brady rhythm reg irreg S₁ _____ S₂ _____ S₃ _____ S₄ _____

murmurs Y N Rubs Y N Gallops Y N Clicks Y N

JVP _____ palpate PMI _____

ABDOMEN: _____

_____ bowel sounds _____ bruits _____

percuss _____ liver span _____

palpate _____

PULSES: dorsalis pedis _____ posterior tibial _____ edema _____

femoral pulse (+ auscultate) _____

LE MS exam: _____

NEURO: Mental status _____ CNs _____

Sensation: touch _____ pain _____ position _____ vibration _____

Reflexes: biceps _____ brachioradialis _____ triceps _____

patellar _____ achilles _____ babinski _____

Cerebellar: finger tapping _____ heel to shin _____

Pt. STANDING

Spine: _____

UE drift _____ Romberg _____

Gait and station _____ swing and stance _____ heel / toe walking _____

ID:

Allergies

Code Status

CC:

Full DNR/DNI

HPI					
Location					
Onset/chronology					
Duration					
Timing					
Quantity (1-10)					
Quality					
Aggravating					
Alleviating					
Associated Sx					
Radiation					
Past Medical History					
CHF Lipids CAD DM HTN Thyroid Stroke/TIA Lung Liver Kidney CA					
MEDICAL HX:					
<u>Date</u>	<u>Diagnosis</u>	<u>Presentation</u>	<u>Treatment</u>	<u>Sequelae</u>	<u>Hospitalizations</u>
SURGICAL & OB:					
<u>Date</u>	<u>Type</u>	<u>Complications</u>	<u>Result</u>		
MEDS					
Name of the medication	Dose	Freq	Name of the medication	Dose	Freq

CURRENT HEALTH STATUS

Health maintenance: PAP mammogram FOBT/Scope PSA

Lipids TC LDL HDL TG Fasting glucose DEXA

Immunizations: In flu Pneumovax dT Hep B

Infectious illnesses: measles mumps rubella DPT chickenpox TB
scarlet fever rheumatic fever pneumonia hepatitis

Injuries/disability: **Recent travel:**

Sick contacts:

SOCIAL HX:

Occupation: Hometown:

Partner:

Children:

Smoking **EtOH** **Drug Use**

Diet Exercise Caffeinated beverages

SEXUAL HX: Sexually active? Y N Men Women Both

Any concerns? Y N Satisfaction? Y N Frequency / type

Age at 1st intercourse ___ Number of partners ___ G ___ P ___

FAMILY HX: CAD CHF HTN Lipid disorder STROKE/TIA COPD *CANCER*

Asthma GI Kidney Arthritis DM Thyroid CNS/PNS (seizure, paralysis) Psychiatric

Age Current health Major illnesses Cause of death

M Grandparents

P Grandparents

Mother

Father

Sister

Brother

ROS	
GENERAL	fevers, chills, sweats; weight +/-; ↓ in appetite; fatigue
SKIN	rashes, lesions, sweating, pruritis, easy bruising, difficult healing swelling, petechiae, photosensitivity, changes in hair or nails
HEAD / NECK	headache, dizziness, trauma, swollen LNs
EYES	vision changes; glasses, blurring; diplopia; pain, inflammation/discharge, dry eyes, scotoma, photophobia
EARS	Hearing loss, pain, tinnitus, vertigo; drainage
NOSE	epistaxis, discharge, sneezing; obstruction, chronic sinusitis
MOUTH/ THROAT	teeth, gums, oral ulcers, pain, dry mouth, trouble swallowing, hoarseness, sore throat
CV	chest pain or pressure, palpitations, edema, syncope, exercise tolerance, fatigue, circulatory probs; murmurs, claudication
LUNGS	dyspnea on exertion; cough, sputum, hemoptysis, asthma or wheezing; cyanosis, orthopnea, PND
GI	nausea / vomiting, dysphagia, odynophagia; dyspepsia, reflux or heartburn, loss of appetite, food intolerance, abdominal pain; hematemesis; jaundice, change in bowel habits, diarrhea / constipation; melena, hematochezia
GU	obstructive symptoms, dysuria, frequency, urgency, hematuria, pyuria, previous UTI's; discharge, nocturia, incontinence
MENSTRUAL	menarche; last period, length of cycle, duration of flow, how regular, how heavy; pain w/ menstruation or intercourse, vaginal bleeding or discharge, intermenstrual bleeding; age of menopause
BREASTS	pain, masses, discharge, change in appearance, self-exam
ENDOCRINE	Thyroid, adrenal, hormonal; temperature intolerance; osteoporosis; edema, polyuria, polydipsia, polyphagia
MS	arthralgias, arthritis, ROM, stiffness, myalgias, swelling, erythema, tenderness; gout, neck or low back pain
NEURO	syncope, vertigo, LOC, seizures, numbness / tingling, weakness, equilibrium, coordination/gait
PSYCH	Anxiety; mania; memory loss, depression: interest, guilt, energy, sleep, concentration, appetite, psychomotor, suicide